NON-SUPERVISORY TRAINING APPLICATION

1. Request approval from supervisor or authorizing signature.
2. Incomplete applications will be returned to employee.
3. Application should be interoffice-mailed, faxed, or e-mailed.
4. 24 hours advance notice is required to cancel a class.

Last Name First Name	**NON SUPERVISORY COURSES** *(Class)* *(Date)* • **CSCN** _____ **Customer Service & Communication** • **IMEN** _____ **Interviewing Made Easy** • **TMSN** _____ **Time Management Skills**
Social Security Number	• **VCDN** _____ **Valuing Cultural Diversity** • **VIWN** _____ **Violence in the Workplace** • **STMN** _____ **Stress Management**
Department/Division/Locator # (DDL)	• **ETHN** _____ **Ethics** • **KYCG** _____ **Know Your County Government**
Work Address	
Work phone Number, Beeper or E-mail	
Current Classification	_____ (___) Immediate Supervisor's Name and Phone Number
INDEX CODE (letters and numbers): [ ] Application(s) missing the department's index code **WILL NOT** be processed.	**Course Fee(s)**: **$ 50.00 per class**

_____   _____

Supervisor or Authorizing Signature   Approval Date